

# **To Make Someone Obey A Court Order**

# **3**

## **RESPONSE OR CROSS-COMPLAINT to a Petition for Enforcement of Support and/or Parenting Time (“Visitation”)**

**CROSS EXPEDITED PROCESS PETITION TO ENFORCE  
(Forms and Instructions)**



## SELF-SERVICE CENTER

### TO MAKE SOMEONE OBEY A COURT ORDER for SUPPORT AND/OR PARENTING TIME ("Visitation")

#### (FORMS and INSTRUCTIONS)

#### RESPONSE OR CROSS-COMPLAINT ONLY

This packet contains court forms and instructions for enforcing an Order of Support and/or Parenting Time ("Visitation") by Expedited Services. The documents should appear in order as listed below. The items listed in **BOLD** are forms you will need to fill out and submit to the Court. Do not copy or file the instructions and other non-bold items.

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## SELF-SERVICE CENTER

### EXPEDITED PROCESS CROSS PETITION TO MAKE SOMEONE OBEY A COURT ORDER

#### CHECKLIST

**NOTE: YOU DO NOT HAVE TO FILE A RESPONSE. YOU DO NOT NEED TO USE THIS PAPERWORK TO FILE A RESPONSE.** This is, however, your opportunity to request the court to consider additional issues not included in the ***“Expedited Process Request to Enforce”*** that was served on you.

**USE THE FORMS and instructions in this packet only if the following factors apply to your situation.**

- ✓ You have been served with an ***“Expedited Process Request to Enforce”*** regarding child support, spousal maintenance, medical insurance coverage, parenting time, or reimbursement of medical, dental or vision care expenses not covered by insurance, **AND**
- ✓ You are the person making payments and you want to present proof of payments you have made directly to the other party, **OR**
- ✓ The other party has violated the same court order concerning child support, spousal maintenance, medical insurance coverage, parenting time, or reimbursement of medical, dental or vision care expenses not covered by insurance, and you want the Court to make the other party obey the Order.

**READ ME:** Filing documents with the Court may lead to unintended results. Consulting an attorney may help to guard against unexpected consequences. The Self-Service Center has a list of lawyers who can offer legal advice and who will, for a fee, assist you on a task-by-task basis, and a list of court-approved mediators as well. You may view the lists at the Self-Service Centers or from our web site by clicking on the button to the right of “Lawyers and Mediators” at:  
<http://www.superiorcourt.maricopa.gov/ssc>.

## SELF-SERVICE CENTER

### INSTRUCTIONS: HOW TO FILL OUT THE “CROSS EXPEDITED PROCESS PETITION TO ENFORCE”

**USE THIS FORM** only if you are trying to make someone obey a court order for child support, spousal maintenance, medical insurance coverage, reimbursement of medical, dental or vision care expenses that are not covered by insurance, and/or parenting time, or you want to present proof of payments you have made. **YOU DO NOT NEED TO USE THIS PAPERWORK TO FILE A RESPONSE.** However, this is your opportunity to request the court to consider additional issues not included in the “*Expedited Process Petition to Enforce*” which you were served with.

Match the numbered instructions to the numbers on the “*Cross Expedited Process Petition to Enforce*.” TYPE OR PRINT CLEARLY USING BLACK INK ONLY.

#### NUMBER

#### INSTRUCTION

- (1) Fill in **YOUR** name, address, **Daytime and Evening** phone numbers. Your daytime phone number is the number where you can be reached Monday through Friday from 8:00 a.m. to 5:00 p.m., or where a message may be left for you. PLEASE FILL IN BOTH PHONE NUMBERS. IF THE NUMBERS ARE THE SAME, WRITE “SAME” IN SPACE PROVIDED FOR SECOND NUMBER. **Check the box to indicate whether the party filing this request to enforce is Petitioner or Respondent.** If you have obtained the services of an attorney, the attorney must write **YOUR** name as the “Person Filing” and must provide his or her State Bar number and contact information.
- (2) **Print** the names of the parties listed as Petitioner and Respondent on the court order(s) for child support, spousal maintenance, medical insurance coverage, uninsured medical expenses and/or parenting time.
- (3) Below the line for Respondent’s name, write in the **ATLAS** number assigned to your case, if known.
- (4) Write in your Maricopa County case number in the space provided (above “Expedited” in the form title). The number should be the same as the Superior Court case number listed on the court order that you want to enforce. This number starts with “**DR**” or “**D**” or “**FC**.”
- (5) Mark the box or boxes which indicate(s) the type(s) of order(s) for which you are requesting enforcement.  
  
Mark the box or boxes which indicate(s) the type(s) of order(s) for which you are requesting enforcement.
- (6) Date that you were served with the “*Expedited Process Petition to Enforce*”.

**INSTRUCTIONS FOR SECTION A:**

**COMPLETE SECTION "A" IF YOU ARE REQUESTING ENFORCEMENT OF AN ORDER TO PAY MONEY OR TO PROVIDE INSURANCE. DO NOT COMPLETE THIS SECTION IF YOU ARE REQUESTING ENFORCEMENT OF PARENTING TIME ONLY.**

Instructions (7) through (13) apply only if you have marked one or more of the following boxes: Child Support, Child Support Arrears, Spousal Maintenance, Spousal Maintenance Arrears, Medical Insurance Coverage, and/or Uninsured Medical/Dental/Vision Expenses (those with "ESR" behind them).

- (7) Date(s) the Order(s) you want to have enforced were signed.
- (8) Name of the judicial officer(s) who signed your Order(s).
- (9) Name of the party who owes you child support, spousal maintenance, AND/OR has not obtained medical insurance coverage or reimbursed uninsured medical, dental or vision care expenses.
- (10) Amount of support the court ordered the other party to pay **and** the **EXACT** wording of the order(s) you want to have enforced. If you do not have a copy of your order(s), attempt to obtain a copy by going to Court Records located on the first floor of the Courthouse in Mesa, or at 601 W. Jackson, southwest of the Central Courthouse Building in Phoenix. If you are unable to obtain a copy, state in your own words, as accurately as possible, what the order said.
- (11) Total amount of support that is past due. To determine the past due amount:
- A. Calculate the total amount of support which should have been **paid** to you to date;
  - B. Calculate the total amount of support you have **received** (including **direct** payments) to date;
  - C. **SUBTRACT** the total amount received from the total amount due. This is the past due amount (this amount does not include the amount of interest to which you are entitled).
- (12) Time period for which you claim the past due support was not paid.
- (13) If reimbursement is overdue for medical, dental or vision care expenses that are not covered by insurance, list the amount due from the other party here.

**INSTRUCTIONS FOR SECTION B:**

**COMPLETE SECTION "B" ONLY IF YOU ARE REQUESTING ENFORCEMENT OF A COURT ORDER CONCERNING PARENTING TIME.** Instructions (14) through (19) only apply if you have marked the box for "Parenting Time".

- (14) Date(s) of the order(s) you want to have enforced.
- (15) Name of the judicial officer(s) who signed your order(s).

- (16) **EXACT** wording of the order(s). If you do not have a copy of your order(s), attempt to obtain a copy at Court Records located on the first floor of the Courthouse in Mesa, or at the Record Center located at 601 West Jackson St. in downtown Phoenix. If you are unable to obtain a copy, state in your own words, as accurately as possible, what the order said.
- (17) Name of the party whom you claim violated the order(s).
- (18) Write a **brief** summary describing how the other party failed to comply with the Court Order.
- (19) Check the box to show whether you will mail, deliver or fax a copy of this document to the other party, then write in the other party's name and the address you mailed, delivered, or faxed a copy of this document to. If you used a fax, include the number you faxed the document to.

**This ends Section "B". You must still sign the document as directed in (20), below.**

- (20) **DO NOT SIGN AND DATE THIS FORM UNTIL YOU ARE YOU ARE DIRECTED TO DO SO BY A NOTARY PUBLIC OR A CLERK OF THE COURT.** Your signature acknowledges that the information you have provided is true and correct to the best of your knowledge and belief.

(1) Person Filing: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Daytime / Evening Phone: \_\_\_\_\_ / \_\_\_\_\_  
 In this case I am a: ☐ Petitioner or a ☐ Respondent  
☐ Represented by Attorney  
 (IF) Attorney Name: \_\_\_\_\_ Bar No.: \_\_\_\_\_  
 Attorney Phone: \_\_\_\_\_ Atty. Email: \_\_\_\_\_

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

\_\_\_\_\_  
 (2)  
 Petitioner

Case Number \_\_\_\_\_ (4)

### CROSS EXPEDITED PROCESS PETITION TO ENFORCE:

\_\_\_\_\_  
 Respondent

ATLAS No.: \_\_\_\_\_ (3)

- (5) ☐ Child Support (ESR)  
☐ Child Support Arrears (ESR)  
☐ Spousal Maintenance (ESR)  
☐ Spousal Maintenance Arrears (ESR)  
☐ Medical Insurance Coverage (ESR)  
☐ Uninsured Medical/Dental/Vision Expenses (ESR) ☐ Parenting Time (EAR)

On (6) \_\_\_\_\_, I was served with an ***"Expedited Process Petition to Enforce"***. In response, I request enforcement of the following issue(s) during the Conference:

<b>SECTION A: COMPLETE ONLY IF YOU HAVE MARKED ONE OR MORE OF THE BOXES ABOVE WHICH REFER TO ENFORCEMENT OF SUPPORT (ESR)</b>
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On this date (7) \_\_\_\_\_, the Honorable (8) \_\_\_\_\_, a  
 Judicial Officer of the Superior Court of Arizona, ordered (9) \_\_\_\_\_  
 \_\_\_\_\_ to pay child support, spousal maintenance, uninsured medical /dental /vision expenses,  
 and / or to obtain medical insurance coverage as follows: (10)

The total amount of **child support or spousal maintenance** past due is (11) \$ \_\_\_\_\_, for  
 the time period beginning (12) \_\_\_\_\_, through \_\_\_\_\_.

The total amount of **medical, dental or vision care expense reimbursement** past due is  
 (13) \$ \_\_\_\_\_. Documentation of these expenses has been presented to the other  
 party **and** is more than 30 days past due.

**I request that the Court consider any or all of the following action(s):**

- Order the other party to bring to the conference those items set forth in the Order to Appear.

Case No. \_\_\_\_\_

- Enter judgment for past-due support, un-reimbursed uninsured medical/dental/vision care expenses, clerk's fees, service costs, other court costs against the other party.
- Enter an **"Order of Assignment"** for payments on current child support, child support arrears, current spousal maintenance, and/or spousal maintenance arrears against the other party.
- Order the other party to pay support through the Support Payment Clearinghouse.
- Find the other party in civil contempt of court and order sanctions which may include, but are not limited to, incarceration and the posting of a surety bond.
- Issue a child support arrest warrant if the other party fails to appear and/or enter a default judgment.
- Order the other party to provide evidence of medical insurance coverage within a fixed period of time.
- Order reimbursement of uninsured medical / dental / vision expenses.
- Order other relief as deemed just and proper by the court.

<b>SECTION B: COMPLETE <u>ONLY</u> IF YOU HAVE MARKED THE BOX FOR ENFORCEMENT OF PARENTING TIME (EAR)</b>
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On this date **(14)**\_\_\_\_\_, the Honorable **(15)**\_\_\_\_\_, a  
Judicial Officer of the Superior Court of Arizona, signed an Order established the following  
schedule for parenting time: **(16)**\_\_\_\_\_

\_\_\_\_\_

The other party, **(17)**\_\_\_\_\_, failed to comply with the parenting time  
order in the following manner: **(18)**\_\_\_\_\_

\_\_\_\_\_

**I request that the court consider any or all of the following action(s):**

- Compel compliance with the parenting time order.
- Find the other party in civil contempt of court and order sanctions which may include, but are not limited to, incarceration.
- Order either or both parties to mediation, counseling, or supervised parenting time pursuant to A.R.S. §25-410.
- Issue a civil arrest warrant or enter an order for the requested relief should the other party fail to appear at the conference.



Case No. \_\_\_\_\_

- Enter an order for other relief as deemed just and proper by the court.

After filing this "Cross Expedited Process Petition to Enforce", I will immediately

☐ Mail ☐ Hand-deliver, or ☐ Fax a copy to (Fax Number): \_\_\_\_\_

Name: (19) \_\_\_\_\_

Address: (19) \_\_\_\_\_  
\_\_\_\_\_

## OATH OR AFFIRMATION AND VERIFICATION

I swear or affirm that the information on this document is true and correct under penalty of perjury.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sworn to or Affirmed before me this: \_\_\_\_\_ by \_\_\_\_\_  
(date)

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Deputy Clerk or Notary Public

### IMPORTANT INFORMATION FOR PETITIONER AND RESPONDENT

Expedited Services will mail a notice to the Petitioner and Respondent advising of the date, time and location for the conference.

**IT IS THE RESPONSIBILITY OF THE PETITIONER AND RESPONDENT TO KEEP THE COURT AND EXPEDITED SERVICES ADVISED OF THEIR CORRECT AND CURRENT ADDRESS. FAILURE TO DO SO WILL NOT PROHIBIT EXPEDITED SERVICES FROM PROCEEDING WITH THE CONFERENCE.**

The conference may last several hours and additional conferences may be set, if appropriate. Conferences are for the Petitioner and Respondent. Attorneys are invited to appear and participate in the conference. Spouses, child(ren), family members or significant others will **not** be allowed in the conference. **DO NOT BRING CHILDREN.** They will **not** be allowed in the conference and you may **not** leave them unattended.

## SELF-SERVICE CENTER

### PROCEDURES: WHAT TO DO WITH THE “CROSS-EXPEDITED PROCESS PETITION TO ENFORCE” AFTER YOU HAVE FILLED OUT THE FORM

**TIME LIMIT.** You have eleven (11) calendar days from the date that you were served with the “*Expedited Process Petition to Enforce*” to file your “*Cross-Expedited Process Petition to Enforce*.” For example: You are served with the “*Expedited Process Petition to Enforce*” on the 15th day of the month. Your eleven (11) calendar days start on the 16th day of the month (do **not** count the day you were served). You would be required to file your “*Cross-Expedited Process Petition to Enforce*” on or before the 26th day of the month. You may **not** file your “*Cross-Expedited Process Petition to Enforce*” after the eleven (11) calendar days from the date of service.

**COPIES.** Make 3 copies of the “*Cross-Expedited Process Petition to Enforce*.” Assemble as follows:

- ORIGINAL FOR COURT FILE
- COPIES
  - 1 “*Cross-Expedited Process Petition to Enforce*” for your records.
  - 1 “*Cross-Expedited Process Petition to Enforce*” for THE OTHER PARTY
  - 1 “*Cross-Expedited Process Petition to Enforce*” for Expedited Services

**FILE THE PAPERS.** There is a fee of **\$61.00** to file this document. **NOTE: If this is your first “appearance” in this case**, meaning that you are not the petitioner and you have not previously filed any papers in this case, you will also have to pay an **APPEARANCE FEE OF \$191.00**. Pay your fees\* and file the papers with the Clerk of the Court at one of the Superior Court locations:

Downtown Phoenix Facility  
201 West Jefferson, 1st Floor  
Phoenix, Arizona 85003

OR

Southeast Facility  
222 East Javelina, 1st Floor OR  
Mesa, Arizona 85210

Northeast Regional Court Facility  
18380 North 40<sup>th</sup> Street  
Phoenix, AZ 85032

OR

Northwest Regional Facility  
14264 West Tierra Buena Lane  
Surprise, Arizona 85374

\*If you are unable to pay the fees at the time of filing, you may request payment of fees be deferred (delayed). The Fee Deferral application is available for *free* from the Clerk of Court, from the Self-Service Center, or from the Self Service Center's web site at: <http://www.superiorcourt.maricopa.gov/ssc/forms/>

Hand your originals and all copies to the Clerk of the Court at the Filing Counter and ask the Clerk to conform (stamp) the copies to show that they were filed and to return two copies to you. The Clerk will keep one copy to send to Expedited Services.

**NOTICE TO OTHER PARTY.** Immediately upon filing your “*Cross-Expedited Process Petition To Enforce*”, you are required to mail, hand deliver or fax a copy to the other party.

Expedited Services will mail a notice to the parties advising of the date, time and location of the conference. It is your responsibility to keep the Court and Expedited Services informed of your correct and current address. Only parties and attorneys are permitted to attend the conference. No children or other persons will be allowed in the conference room, and children may **not** be left unattended in the courthouse.